

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.	FILING DATE
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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
							IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51					
2		/					52					
3		/					53					
4	/						54					
5		/					55					
6	/						56					
7		/					57					
8		/					58					
9			/				59					
10				/			60					
11					/		61					
12						/	62					
13							63					
14							64					
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39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			3									
TOTAL DEP.			5									
TOTAL CLAIMS			8									